



Send completed forms
to DOH Communicable
Disease Epidemiology
Fax: 206-361-2930

Cryptosporidiosis

County _____

LHJ Use ID _____
☐ Reported to DOH Date ____/____/____
LHJ Classification ☐ Confirmed
☐ Probable
By: ☐ Lab ☐ Clinical
☐ Other: _____
Outbreak # (LHJ) _____ (DOH) _____

DOH Use ID _____
Date Received ____/____/____
DOH Classification
☐ Confirmed
☐ Probable
☐ No count; reason: _____

REPORT SOURCE

Initial report date ____/____/____
Reporter (check all that apply)
☐ Lab ☐ Hospital ☐ HCP
☐ Public health agency ☐ Other
OK to talk to case? ☐ Yes ☐ No ☐ Don't know
Reporter name _____
Reporter phone _____
Primary HCP name _____
Primary HCP phone _____

PATIENT INFORMATION

Name (last, first) _____
Address _____ ☐ Homeless
City/State/Zip _____
Phone(s)/Email _____
Alt. contact ☐ Parent/guardian ☐ Spouse ☐ Other Phone: _____
Occupation/grade _____
Employer/worksite _____ School/child care name _____
Birth date ____/____/____ Age _____
Gender ☐ F ☐ M ☐ Other ☐ Unk
Ethnicity ☐ Hispanic or Latino
☐ Not Hispanic or Latino
Race (check all that apply)
☐ Amer Ind/AK Native ☐ Asian
☐ Native HI/other PI ☐ Black/Afr Amer
☐ White ☐ Other

CLINICAL INFORMATION

Onset date: ____/____/____ ☐ Derived Diagnosis date: ____/____/____ Illness duration: ____ days

Signs and Symptoms

Y N DK NA

- ☐ ☐ ☐ ☐ **Diarrhea** Maximum # of stools in 24 hours: ____
☐ ☐ ☐ ☐ **Abdominal cramps or pain**
☐ ☐ ☐ ☐ Nausea
☐ ☐ ☐ ☐ **Vomiting**
☐ ☐ ☐ ☐ **Loss of appetite (anorexia)**
☐ ☐ ☐ ☐ Weight loss with illness
☐ ☐ ☐ ☐ **Fever** Highest measured temp (°F): ____
☐ Oral ☐ Rectal ☐ Other: _____ ☐ Unk

Laboratory

Collection date ____/____/____

Y N DK NA

- ☐ ☐ ☐ ☐ **Cryptosporidium PCR positive**
☐ ☐ ☐ ☐ **Cryptosporidium antigen positive by EIA (stool)**
☐ ☐ ☐ ☐ **Cryptosporidium oocysts detected (stool, intestinal fluid, small-bowel biopsy specimen)**
☐ ☐ ☐ ☐ **Cryptosporidium reproductive stages demonstrated (tissue preparation)**

Predisposing Conditions

Y N DK NA

- ☐ ☐ ☐ ☐ Immunosuppressive therapy or disease

Hospitalization

Y N DK NA

- ☐ ☐ ☐ ☐ Hospitalized for this illness

Hospital name _____

Admit date ____/____/____ Discharge date ____/____/____

Y N DK NA

- ☐ ☐ ☐ ☐ Died from illness Death date ____/____/____
☐ ☐ ☐ ☐ Autopsy

NOTES

INFECTION TIMELINE

Enter onset date (first
sx) in heavy box.
Count forward and
backward to figure
probable exposure and
contagious periods

Days from
onset:**Exposure period**

-12

-1

o
n
s
e
t**Contagious period**

weeks

Calendar dates:

EXPOSURE (Refer to dates above)

Y N DK NA

- ☐ ☐ ☐ ☐ Travel out of the state, out of the country, or
outside of usual routine

Out of: ☐ County ☐ State ☐ Country

Dates/Locations: _____

- ☐ ☐ ☐ ☐ Case knows anyone with similar symptoms

- ☐ ☐ ☐ ☐ **Epidemiologic link to a confirmed human case**

- ☐ ☐ ☐ ☐ Contact with lab confirmed case

☐ Household ☐ Sexual☐ Needle use ☐ Other: _____

- ☐ ☐ ☐ ☐ Contact with diapered/incontinent child or adult

- ☐ ☐ ☐ ☐ Shellfish or seafood

County/location collected: _____

- ☐ ☐ ☐ ☐ Unpasteurized milk (cow)

- ☐ ☐ ☐ ☐ Juices or cider Type: _____

Unpasteurized: ☐ Y ☐ N ☐ DK ☐ NA

- ☐ ☐ ☐ ☐ Known contaminated food product

- ☐ ☐ ☐ ☐ Group meal (e.g. potluck, reception)

Y N DK NA

- ☐ ☐ ☐ ☐ Food from restaurants

Restaurant name/location: _____

- ☐ ☐ ☐ ☐ Source of home drinking water known

☐ Individual well ☐ Shared well☐ Public water system ☐ Bottled water☐ Other: _____

- ☐ ☐ ☐ ☐ Drank untreated/unchlorinated water (e.g.
surface, well)

- ☐ ☐ ☐ ☐ Recreational water exposure (e.g. lakes, rivers,
pools, wading pools, fountains)

- ☐ ☐ ☐ ☐ Case or household member lives or works on
farm or dairy

- ☐ ☐ ☐ ☐ Exposure to pets

Was the pet sick ☐ Y ☐ N ☐ DK ☐ NA

- ☐ ☐ ☐ ☐ Work with animals or animal products (e.g.
research, veterinary medicine, slaughterhouse)

- ☐ ☐ ☐ ☐ Zoo, farm, fair, or pet shop visit

- ☐ ☐ ☐ ☐ Any contact with animals at home or elsewhere
Cattle, cow or calf ☐ Y ☐ N ☐ DK ☐ NA

- ☐ ☐ ☐ ☐ Any type of sexual contact with others

female sexual partners: _____

male sexual partners: _____

- ☐ Patient could not be interviewed

- ☐ No risk factors or exposures could be identified

Most likely exposure/site: _____

Site name/address: _____

Where did exposure probably occur? ☐ In WA (County: _____) ☐ US but not WA ☐ Not in US ☐ Unk**PATIENT PROPHYLAXIS / TREATMENT****PUBLIC HEALTH ISSUES**

Y N DK NA

- ☐ ☐ ☐ ☐ Outbreak related

PUBLIC HEALTH ACTIONS

- ☐ Hygiene education provided

- ☐ Child care inspection

- ☐ Follow-up of household members

- ☐ Testing of home/other water supply

- ☐ Test symptomatic contacts

- ☐ Work or child care restriction for case

- ☐ Other, specify: _____

NOTES

Investigator _____ Phone/email: _____ Investigation complete date ____/____/____

Local health jurisdiction _____